

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 2

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ (332,429.00) Savings

b. FFY 2003 \$ (582,777.00) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Please see attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Please see attached listing

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to reflect revisions in Visual services for recipients age 21 and over. This replaces language contained in State Plan TN 01-031, which will not be implemented.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

February 5, 2002

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot S295

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11 FEBRUARY 2002

revised 8 FEBRUARY 2002

18. DATE APPROVED:

8 MARCH 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 MARCH 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Calvin G. Cline
Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

March 8, 2002

Our Reference: SPA-AR-02-02


Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number AR-02-02, dated February 5, 2002. This amendment requires a \$2 copayment from Medicaid beneficiaries age 21 and above for prescription eyeglasses and contact lens services. It also decreases eyeglass and contact lens coverage from one pair every 12 months to one pair every 24 months for Medicaid beneficiaries age 21 and above.

The amendment has been approved and will be incorporated into the official Arkansas State Plan effective March 1, 2002. If you have any questions, please call J. P. Peters of my staff. Ms. Peters may be reached by calling (214) 767-2628 or by E-mail at jpeters@cms.hhs.gov.

Sincerely,


for Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO



**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2002-002**

**8. Number of the Plan
Section or Attachment**

Attachment 3.1-A, Page 1o

Attachment 3.1-A, Page 2d

Attachment 3.1-A, Page 5d

Attachment 3.1-B, Page 2n

Attachment 3.1-B, Page 3a

Attachment 3.1-B, Page 5c

Attachment 4.18-A, Page 1

Attachment 4.18-C, Page 1

**9. Number of the Superseded Plan
Section or Attachment**

Attachment 3.1-A, Page 1o
Approved 12-21-01, TN 01-31

Attachment 3.1-A, Page 2d
Approved 11-09-93, TN 91-59

Attachment 3.1-A, Page 5d
Approved 12-21-01, TN 01-31

Attachment 3.1-B, Page 2n
Approved 12-21-01, TN 01-31

Attachment 3.1-B, Page 3a
Approved 11-09-93, TN 91-59

Attachment 3.1-B, Page 5c
Approved 12-21-01, TN 01-31

Attachment 4.18-A, Page 1
Approved 10-15-01, TN 01-19

Attachment 4.18-C, Page 1
Approved 10-15-01, TN 01-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 10

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) **RESERVED**

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- (4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

SUPERSEDES TN- AR 01-31

STATE <u>Arkansas</u>	A
DATE REC'D <u>2-11-02</u>	
DATE APP'D <u>3-8-02</u>	
DATE EFF <u>3-1-02</u>	
HCFA 179 <u>AR 02-02</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 2d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. Optometrists' Services

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

- (1) One eye exam every **twenty-four (24)** months for eligible recipients 21 years of age and older.

SUPERSEDES: TN- AR 91-59

STATE	<u>Arkansas</u>
DATE REC'D	<u>2-11-02</u>
DATE APP'D	<u>3-8-02</u>
DATE EFF	<u>3-1-02</u>
HCFA 179	<u>AR 02-02</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 5d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Provision of glasses and/or contact lens for eligible recipients. The following limits are imposed.

- (1) One pair of glasses every twenty-four (24) months for eligible recipients 21 years of age and over. Replacement of glasses, repairs to glasses or professional service for repairing glasses is covered for post cataract patients with prior authorization.
- (2) One pair of glasses every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Under special circumstances, additional glasses may be authorized. Repairs include any repair necessary to render the eyeglasses serviceable.
- (3) Contact lens are covered for recipients of all ages if either of the following conditions are exhibited by the patient:
 - a. Medical Necessity
 - b. Cataract patients

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

SUPERSEDES TN- AR 01-31

STATE	<u>Arkansas</u>
DATE REC'D	<u>2-11-02</u>
DATE APP'D	<u>3-8-02</u>
DATE EFF	<u>3-1-02</u>
HCFA 179	<u>AR 02-02</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2n

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

MEDICALLY NEEDY

Revised: March 1, 2002

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) **RESERVED**

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- (4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Effective Extensions of the benefit limit will be provided if medically necessary.

SUPERSEDES TN- AR 01-31

STATE	<u>Arkansas</u>	A
DATE REC'D.	<u>2-11-02</u>	
DATE APP'D.	<u>3-8-02</u>	
DATE EFF.	<u>3-1-02</u>	
HCFA 179	<u>AR 02-02</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 3a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. Optometrists' Services

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

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SUPERSEDES TN- AR 91-59

STATE	<u>Arkansas</u>
DATE RECD	<u>2-11-02</u>
DATE APP'D	<u>3-8-02</u>
DATE EFF	<u>3-1-02</u>
HCFA 179	<u>AR 02-02</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 5c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

MEDICALLY NEEDY

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 - b. Cataract patients

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

SUPERSEDES TN- AR 01-31

STATE <u>Arkansas</u>	A
DATE REC'D <u>2-11-02</u>	
DATE APP'D <u>3-8-02</u>	
DATE EFF <u>3-1-02</u>	
HCFA 179 <u>AR 02-02</u>	

Revised: March 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the categorically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		10% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]
Prescription Services for Eyeglasses			x	\$2.00 on the dispensing fee for prescription services.

TN No. AR 02-02

Supersedes TN No. AR 01-19

Approval Date 3-8-02

Effective Date 3-1-02

SUPERSEDES TN- AR 01-19

STATE <u>Arkansas</u>	A
DATE REC'D <u>3-11-02</u>	
DATE APP'D <u>3-8-02</u>	
DATE EFF <u>3-1-02</u>	
HCFA 179 <u>AR 02-02</u>	

Revised: March 1, 2002

Attachment 4.18-C
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the medically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		10% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]
Prescription Services for Eyeglasses			x	\$2.00 on the dispensing fee for prescription services.

TN No. AR 02-02

Supersedes TN No. AR 01-19

Approval Date 3-8-02

Effective Date 3-1-02

SUPERSEDES TN- AR 01-19

STATE <u>Arkansas</u>	A
DATE REC'D <u>2-17-02</u>	
DATE APP'D <u>3-8-02</u>	
DATE EFF <u>3-1-02</u>	
HCEA 179 <u>AR 02-02</u>	